

Please List Any NEW Artists Working Within The Establishment Since Your Last Inspection

Please print. Make extra copies of this page if necessary.

Artist Name _____ ☐ Tattooist ☐ Piercer

Age _____ Date of Birth _____ Photo ID # _____

☐ Copy of photo ID enclosed

☐ First Aid training documentation enclosed (completed in the last 12 months)

☐ Bloodborne Pathogen Prevention training documentation enclosed (completed in the last 12 months)

Artist Name _____ ☐ Tattooist ☐ Piercer

Age _____ Date of Birth _____ Photo ID # _____

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☐ Bloodborne Pathogen Prevention training documentation enclosed (completed in the last 12 months)

Please List Any Artists NO LONGER At The Establishment Since Your Last Inspection

Artist Name _____ ☐ Tattooist ☐ Piercer

Artist Name _____ ☐ Tattooist ☐ Piercer

Artist Name _____ ☐ Tattooist ☐ Piercer

Artist Name _____ ☐ Tattooist ☐ Piercer